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MassHealthy Program Update

The MassHealth wellness program, MassHealthy, was launched on July 1, 2007. The program was created as part of the state's historic Health Care Reform legislation, passed in April 2006. In the legislation, MassHealth and the Massachusetts Department of Public Health (MDPH) were directed to collaborate on the development of an initiative that would encourage MassHealth members to engage in healthy actions, and to take advantage of the many preventive-care services available through MassHealth. This includes well visits (checkups), immunizations, smoking-cessation programs, screenings for early detection of diabetes and cancer, and stroke education.

Outreach and education materials have so far been the major component of the MassHealthy program. During the summer of 2007, MassHealth produced a wellness brochure, mailing a copy to every MassHealth member, and sending bulk copies to community health centers (CHCs) for on-site distribution.

This summer, MassHealth will follow up on previous efforts by releasing three separate sets of member educational materials as described below.

- A "tip sheet" for members will be sent with every new member enrollment packet mailed during state fiscal year 2009 (July 1, 2008 – June 30, 2009). This sheet encourages members to have well visits (checkups), gives members tips on how to prepare for their appointments, and recommends

Review the Wellness Program
Web page at
www.mass.gov/masshealth/wellness

ways to communicate effectively with their providers during their visits. The tip sheet will have a perforated card with information on the "Ask Me 3" questions, based on a national campaign to improve health communication.

- A wellness poster that encourages adults to have regular well visits will be distributed to CHCs and other providers.
- A set of four teen-oriented posters, designed to encourage teens and adolescents to have regular well-visits, will be distributed to school-based health centers, Keep Teens Healthy programs, and other youth-development programs.

Because MassHealth members may ask providers about the materials, we would like providers to be aware of them. In particular, we anticipate that members will bring the "Ask Me 3" perforated cards with them to their well visits, as a reminder of the questions they should ask their providers.

PDF copies of these materials will be made available on the MassHealth wellness Web page at www.mass.gov/masshealth/wellness after June 30, 2008.

Updates to the Tamper-Resistant Prescription Requirements

All Provider Bulletin 174 (April 2008) was issued to update providers on the tamper-resistant prescription requirements that are being phased in this year. This information supplements the information originally conveyed in All Provider Bulletins 167 and 168.

Effective since April 1, 2008, the Centers for Medicare & Medicaid Services (CMS) require all Medicaid prescription blanks to incorporate at least one

of the characteristics described below. To be considered tamper-resistant after October 1, 2008, prescription blanks must include all four of the following characteristics:

- one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
- one or more industry-recognized

features designed to prevent erasure; or

- modification of information written on the prescription by the prescriber; and
- one or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

MassHealth met with representatives from pharmacy and medical organiza-

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Updates to the Tamper-Resistant Prescription Requirements

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tions to develop the characteristics of a tamper-resistant blank that would meet the federal requirements and be easily used by all providers. Based on discussions with that group, MassHealth suggests including the following features.

- To prevent unauthorized copying of a completed or blank prescription form, use a latent, repetitive, printed word "VOID" that will appear across the front of the prescription if it is scanned or photocopied. This feature must be patterned in such a way as not to obscure prescribing information.
- To prevent erasure or modification of information written on the prescription by the prescriber, use erasure protection, such that the prescription has a background that resists alteration and erasure (e.g., special security paper).
- To prevent the use of counterfeit prescription forms, use a heat-sensitive feature that will either change color or disappear and then reappear when rubbed (e.g., sensing imprint or thermochromic ink).

In addition, MassHealth recommends including a warning band that describes the security features on the prescription to make it easier for pharmacists to

notice that your prescription is tamper resistant. Prescriptions must also continue to meet all other requirements of federal and state laws and regulations.

In All Provider Bulletin 167 (September 2007), MassHealth listed sequentially numbered, duplicate, or triplicate blanks as a feature to prevent the use of counterfeit prescription forms. According to CMS, sequentially numbered prescriptions or duplicate blanks, in and of themselves, do not meet the standard for tamper resistance. That method works only if the number ties back into a central registry that is reported to, or maintained by, the state (such as in New York state). Massachusetts does not maintain such a registry, and we have taken steps to alert hospital-based prescribers to the CMS directive.

MassHealth does not plan to endorse specific suppliers of tamper-resistant blanks. However, the Massachusetts Medical Society has listed some Web sites to help providers find vendors for tamper-resistant blanks, at www.massmed.org/rx.

Exceptions

Exceptions to the tamper-resistant requirements include prescriptions that are

- submitted electronically, verbally, or by fax;

- reimbursed through a MassHealth managed-care organization;
- drugs reimbursed as part of a bundled rate; or
- refills of a prescription originally filled before April 1, 2008.

Emergency Fills

Emergency fills are allowed as long as a prescriber provides the pharmacy with a compliant prescription in writing or by telephone, fax, or e-prescription, within 72 hours.

For a Schedule II medication, a written prescription must comply with state and federal law. If a prescription is written on a non-tamper-resistant prescription blank, the pharmacist may contact the prescriber and verify the prescription, recording the authentication in writing on the back of the prescription, in order to meet the tamper-resistant requirements.

For more information, refer to the Centers for Medicare & Medicaid Services (CMS) Web site at <http://www.cms.hhs.gov/DeficitReductionAct/Downloads/MIPTRPFAQs9122007.pdf>.

You can review All Provider Bulletin 174 online at www.mass.gov/masshealthpubs.

Long-Term-Care Providers

Long-Term-Care Facility Bulletin 97 was issued in May 2008 to address how the federal stimulus tax rebates affect your MassHealth billing. Under the Economic Stimulus Act of 2008, the United States Treasury began sending economic stimulus tax rebates to more than 130 million eligible households, starting in May 2008. The Centers for Medicare & Medicaid Services (CMS) has issued guidelines when determining eligibility for benefits under any federal program or any state or local program financed in whole or in part with federal funds. This includes MassHealth, the Children's Medical Security Plan (CMSP), Healthy

Start, Commonwealth Care, and the Health Safety Net.

The economic stimulus rebate is considered noncountable income and a noncountable asset for a limited time only. It is considered noncountable in the month of receipt and the following two calendar months (the exemption period).

If the rebate is given away during the three-month exemption period, it will not be subject to a transfer penalty. However, if it is given away after the three-month exemption period, the rebate will be subject to a penalty.

If the rebate becomes part of a person's estate during the three-month exemption period, it will not be subject to recovery. However, if it becomes part of the person's estate after the three-month exemption period, the rebate will be subject to recovery.

Durable Medical Equipment Bulletin 14

Durable Medical Equipment Bulletin 14 (April 2008) was issued to clarify coverage of certain enteral-nutrition products for MassHealth members who may also be eligible for enteral-nutrition products provided by the Department of Public Health's (DPH) Women, Infants and Children (WIC) nutrition program. WIC may refer to enteral-nutrition products as "special," "prescription," or "regular" formulas.

Members who may qualify for the WIC program include pregnant, postpartum, and breastfeeding women; infants; and children under the age of five.

Enteral Nutrition Covered by WIC

Listed below are the enteral-nutrition products that WIC covers.

Formula and Type Available*:

- Good Start Supreme DHA/ARA (P, C, R)
- Good Start Supreme Soy DHA/ARA (P, C, R)
- Good Start Supreme (P)
- Enfamil Lipil with Iron (P, C, R)
- Enfamil Lipil Low Iron (P, R)
- ProSobee Lipil (P, C, R)

*P= Powder; C= Concentrate; and R= Ready to use

For these covered products, MassHealth is payer of last resort. Providers may contact the DPH WIC help line at 1-800-WIC-1007 for further information on limits or other coverage information.

MassHealth (including its contracted Managed Care Organizations (MCOs)) has primary responsibility for payment of enteral-nutrition products that are not on the above list of enteral-nutrition products covered by WIC for MassHealth members who are eligible to receive enteral nutrition through the WIC program.

General PA Requirements for Enteral Nutrition

MassHealth covers enteral-nutrition products that are medically necessary in accordance with 130 CMR 450.204. All enteral-nutrition products are provided as a DME benefit and require prior

authorization (PA). MassHealth DME providers and pharmacy providers with a DME specialty must submit prior-authorization requests in accordance with Appendix A in all provider manuals. In addition, a signed prescription and written documentation of medical necessity from the member's physician or nurse practitioner must accompany the prior-authorization request in accordance with the DME regulations at 130 CMR 409.000. Note: PA requests for enteral-nutrition products for MCO members must be processed by the respective MCO.

PA Requirements for Enteral-Nutrition Products Not Covered by WIC

If the PA request is for an enteral-nutrition product that is not on the above list of enteral-nutrition products covered by WIC, and the member may qualify for WIC, MassHealth will process the PA request with the above medical documentation, and no proof of WIC eligibility is needed.

PA Requirements for Enteral-Nutrition Products Covered by WIC

If the PA request is for an enteral-nutrition product that is on the above list of enteral-nutrition products covered by WIC, and the member may qualify for WIC as described in the first paragraph above, MassHealth requires proof of the member's WIC eligibility. Providers must obtain from the member WIC documentation that the member is either WIC eligible or WIC ineligible, and submit this documentation along with the PA request and the required medical documentation. If MassHealth does not receive this documentation with the PA request for enteral nutrition, MassHealth may defer or deny the PA request.

Upon receipt of a completed PA request for an enteral-nutrition product that is on the above list of enteral-nutrition products covered by WIC, MassHealth will determine that the member is

- WIC eligible and will receive enteral nutrition sufficient to meet the member's medical need through WIC (note that in the absence of a demonstrated need, MassHealth will

deny the PA);

- WIC ineligible and enteral nutrition will not be provided by WIC; or
- WIC eligible, and the PA request is for enteral nutrition more than the amount that WIC will provide the member. In such cases, the PA request must include the WIC documentation as well as medical documentation from the member's physician or nurse practitioner to support the request for enteral nutrition more than the amount provided by WIC.

MassHealth will then process the PA request and approve, modify, or deny the request and notify the member and the provider of its decision.

Service Codes and Descriptions

Providers should consult Subchapter 6 of the *Durable Medical Equipment Manual* for information on service codes and descriptions for enteral-nutrition products. Providers may also find service codes and descriptions in the DME and Oxygen Payment and Coverage Guidelines Tool available on the MassHealth Web site at www.mass.gov/masshealth. Go to MassHealth Regulations and Other Publications, then Provider Library.

PA Guidelines

MassHealth has published Guidelines for Medical Necessity Determination for Enteral Nutrition Products, which can be viewed on from the Provider Forms link on the MassHealth's Web site at www.mass.gov/masshealth. MassHealth has also published on its Web site the Medical Necessity Review Form for Enteral Nutrition Products, which providers can download and use when submitting requests for PA.

For more information, refer to Durable Medical Equipment Bulletin 14 in the MassHealth Provider Library at www.mass.gov/masshealthpubs.

Updates to Subchapter 5, Parts 3 and 5 of the MassHealth Administrative and Billing Instructions

MassHealth is restructuring Subchapter 5, the administrative and billing instructions, in all MassHealth provider manuals. Subchapter 5 contains information about eligibility verification, prior authorization, the paper remittance advice, claim form completion, correcting claims, error codes, and billing MassHealth for members who have other insurance. Except for Part 3 (Submitting Claims) and Part 5 (Remittance Advice), Subchapter 5 in every provider manual is generic and applies to all providers. MassHealth has also converted Parts 3 and 5 of every provider manual into generic instructions that apply to all providers.

For most providers, this revision is very minor. Only the banner across the top of each page has changed. It now indicates that the page is the same for all providers. For two types of providers, the change is more obvious:

- transportation providers: The revised Parts 3 and 5 replace provider-specific information about submitting paper transportation claims and reviewing the transportation remittance advice. This information has been updated and moved to a freestanding billing guide. To access the billing guide for claim form no. 7, go to www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters.
- dental providers: The revised Parts 3 and 5 replace outdated provider-specific information about submitting dental claims. Dental providers should refer to the MassHealth Dental Program Office Reference Manual (ORM) for information about submitting claims and reviewing the remittance advice. A link to the ORM is on the Web page for MassHealth

billing guides for paper claim submissions. Go to www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters.

Claim-form-specific instructions for all providers, except pharmacies, are available on the MassHealth Web site at www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters. This Web page contains links to billing guides for each of the MassHealth paper claim forms. You can sign up to receive e-mail alerts when paper-claim-specific billing guides have been updated on the MassHealth Web site. Just go to the MassHealth Billing Guides for Paper Claim Submitters Web page and click on the link to sign up.

MassHealth Reminders

Discharge SC-1 Form Process Requirements

In order to ensure the continuity and timely payment of community services for individuals who are discharged from nursing facilities, facilities should complete and submit a Status Change Form (SC-1) for every MassHealth member discharged from their facility. The SC-1 form should be completed and submitted to the member enrollment center (MEC) within three-to-five business days of the member's discharge date. A copy of the SC-1 form should also be kept in the member's record.

Independent Nurse Providers

Some claims submitted with Service Codes T1002 and T1003 for date of service 04/14/08 were incorrectly paid at a holiday rate. Claims submitted with these service codes should receive the holiday rate only for date of service 04/21/08 (Patriots Day). Some claims submitted with Service Codes T1002 and T1003 for date of service 04/21/08 were underpaid.

MassHealth will systematically adjust claims paid for these dates of service at a future date. MassHealth will contact providers to let them know when this will occur; no further action is required of providers.

End of National Provider Identifier (NPI) Contingency Plan

The end of the NPI contingency ended 05/23/08. Processing of NPI-only transactions will be enforced when the New Medicaid Management Information System (NewMMIS) is implemented, as NewMMIS will not accept or process claims with legacy identifiers. Those NPI-eligible providers that have not yet modified their electronic transactions to submit NPI-only transactions should do so before the September 2008 NewMMIS implementation.

Your NPI must be present on any Health Insurance Portability and Accountability Act (HIPAA) transaction tests submitted to NewMMIS before the implementation,

and it must be on all HIPAA transactions submitted to NewMMIS as of the first day of implementation. While processing of NPI-only transactions will not be enforced starting 5/23/08, failure to obtain and use your NPI to submit and receive HIPAA transactions in NewMMIS may result in claims and other transactions being rejected.